



THE SOUTH CAROLINA  
DEPARTMENT of ADMINISTRATION

**SAFETY PROGRAM:**

**CONFINED SPACE ENTRY PERMIT**

THIS PERMIT IS TO BE KEPT AT THE JOB SITE

UNTIL THE JOB IS COMPLETED

Copy kept by Entry Supervisor

**DURATION:** This permit is valid only for the specified job as follows:

START DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

EXPIRES ON - DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SITE LOCATION:** \_\_\_\_\_

(Building Name/Number, Street Address, Room Number, etc.)

**PURPOSE OF ENTRY:** \_\_\_\_\_

(Equipment to be Worked On and Type of Work)

**1. INITIAL ATMOSPHERIC CHECK:**

CO \_\_\_\_\_ ppm

O<sub>2</sub> \_\_\_\_\_ %

H<sub>2</sub>S \_\_\_\_\_ ppm

LFL \_\_\_\_\_ %

Instrument Used - Industrial Scientific M-40 \_\_\_\_\_

Other - \_\_\_\_\_

Acceptable Levels for Entry:

19.5% < O<sub>2</sub> < 23.5%

LFL < 10 %

CO < 50 ppm

H<sub>2</sub>S < 10 ppm

Tester's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**2. HAZARD ISOLATION**, i.e., Lines Blinded, Disconnected or Blocked. The following measures are to be used to eliminate/control hazards in the confined space:

HAZARD

CONTROL

COMPLETED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**3. VENTILATION:**

Mechanical \_\_\_\_\_

Natural \_\_\_\_\_

Purge Time \_\_\_\_\_

Completed \_\_\_\_\_

#### 4. ATMOSPHERIC CHECK AFTER ISOLATION & VENTILATION:

CO \_\_\_\_\_ ppm  
O<sub>2</sub> \_\_\_\_\_ %

H<sub>2</sub>S \_\_\_\_\_ ppm  
LFL \_\_\_\_\_ %

Instrument Used - Industrial Scientific M-40 \_\_\_\_\_  
Other - \_\_\_\_\_

Tester's Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

#### 5. COMMUNICATION PROCEDURES:

\_\_\_\_\_ VOICE \_\_\_\_\_ RADIO \_\_\_\_\_ SIGNALS OTHER: \_\_\_\_\_

**WARNING:** Communications Equipment can be a source of ignition in explosive atmospheres

#### 6. RESCUE PROCEDURES:

\_\_\_\_\_ Telephone/Radio On-Site Check

\_\_\_\_\_ Call 545-3720 to notify Columbia Rescue 1, Special Operations of confined space entry

- Location of Confined Space (include street address)
- Start Time for Confined Space Entry
- Estimated Time of Work Completion
- Actual Termination of Confined Space Entry

\_\_\_\_\_ Use Non-Entry Rescue Retrieval

OTHER: \_\_\_\_\_  
\_\_\_\_\_

#### 7. TRAINING:

Name	Confined Space Entry Date Last Trained (Required Annually)	1 <sup>st</sup> Aid – CPR Date Last Trained (Required Bi-Annually)	ENTRANT	ATTENDANT

8. **OTHER HAZARDS:** The following measures are to be used to eliminate/control hazards during the confined space entry. (See Safety web page, Policy & Programs, Confined Spaces A-E or F-Z for diagrams and identification of site specific hazards and controls - <http://www.gs.sc.gov/business/safety/GS-safety-polproc.phtml> )

HAZARD

CONTROL

COMPLETED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference completed permits (kept in the Confined Space Book collocated with the gas monitor storage) for this site for any past problems.

## 9. EQUIPMENT:

- \_\_\_\_\_ Multi-Gas Monitor – Charged & Self-Tested
- \_\_\_\_\_ Full Body Harness, Each Entrant – Inspected & Fitted
- \_\_\_\_\_ Rescue Retrieval System (Tripod & Personnel Winches)- Set-up & Inspected
- \_\_\_\_\_ Nextel Telephones / Radios – Charged/Extra Batteries & Tested On-Site
- \_\_\_\_\_ Equipment Winch
- \_\_\_\_\_ PPE – Inspected & Fitted
- Hard Hat
- Hearing Protection (Plugs or Muffs)
- Eye Protection: Safety Glasses \_\_\_\_\_ Face Shield \_\_\_\_\_ Chemical Goggles \_\_\_\_\_
- Outer Protective Garments:
- Apron \_\_\_\_\_ Coveralls \_\_\_\_\_ Other: \_\_\_\_\_
- Gloves, Type: \_\_\_\_\_
- Footwear, Type: \_\_\_\_\_
- \_\_\_\_\_ Lockout-Tagout; Dielectric Mat
- \_\_\_\_\_ Portable Lighting / Flash Light
- \_\_\_\_\_ Tools / Portable Power Tools / Equipment (spark resistant/explosion proof?)
- \_\_\_\_\_ Welding – Requires Hot Work Permit
- OTHER: \_\_\_\_\_
- \_\_\_\_\_

I VERIFY THAT ALL OF THE ABOVE PRE-ENTRY PREPARATIONS HAVE BEEN COMPLETED, THE ENTRANT(S) AND ATTENDANT(S) HAVE BEEN BRIEFED AND ARE PROPERLY EQUIPPED FOR CONFINED SPACE ENTRY.

**ENTRY SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

(Name)

ALTERNATE

**ENTRY SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

(Name)

Entry Supervisor's **SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **After Job Completed:**

- Notify Columbia Rescue of confined space entry termination
- Cleanup work site
- Return equipment and unused materials and supplies
- File completed permit in the Confined Space Book collocated with the gas monitor storage (to be kept for at least one year)

**CONFINED SPACE ENTRY**  
**PERIODIC ATMOSPHERIC TESTING**

Monitoring is to be continuous but results should be recorded by the Attendant/Entrant at least every 2 hours.

TIME	CO ppm	H <sub>2</sub> S ppm	O <sub>2</sub> %	LFL %